



ACADEMY REGISTRATION FORM

Please indicate which course you are submitting your application for:

- Medical First Responder EMT-Basic EMT-Specialist EMT-Paramedic
 EMS Instructor Coordinator

Student Information *(Please Print or type)*

Last Name	First Name	Middle Initial	Date of Birth
Street Address	City	State	Zip Code
Home Phone	Second Phone	Email Address	
Emergency Contact	Relation	Phone Number(s)	

If you have a disability that might affect your performance during class or clinical experience, you may document that information here or contact the Education Director to discuss any special accommodations that might need to be made during your time as a student.

My signature below indicates that the information contained on this form is to the best of my knowledge true and accurate. I further acknowledge that if any information provided herein is found to be inaccurate or misleading that could result in my dismissal from class without reimbursement of my tuition.

Student Signature

Date

PLEASE INCLUDE AS PART OF YOUR APPLICATION AN APPLICATION FEE OF \$50.00 MADE PAYABLE TO: MediRide, Inc. EMS.

Refund Policy: All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the academy before enrollment. An applicant fee of not more than \$25.00 may be retained by the academy if the applicant is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing the attached contract/agreement with the academy. All refunds shall be returned within 30 days. All fee's associated with the Criminal Background check are non-refundable. After three business days have elapsed, the following refund policy will apply: By the first month of the course running, or by the end of the first quarter of the class ending, whichever occurs first, the student may submit in writing, a notice to withdraw from the course with the understanding that a maximum of 75% of the tuition will be refunded within 30 days of said notice. If a student withdraws from class after the first quarter or is administratively/academically withdrawn from the course, the student accepts responsibility for the entire course tuition.

OFFICE USE ONLY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Application Fee Paid | <input type="checkbox"/> Invoice Completed | <input type="checkbox"/> Acceptance Letter Mailed | <input type="checkbox"/> Entered Student Into Database |
| <input type="checkbox"/> Attended Orientation Class | <input type="checkbox"/> Course Payment Received (_____) | <input type="checkbox"/> Immunization Records Received | |

STUDENT ENROLLMENT CONTRACT / AGREEMENT

I, _____ have made application to MediRide, Inc. EMS – Academy (hereafter referred to as MediRide EMS) for admission to its EMS Educational Programs. As part of my application for such training, I represent the following to be true (**please initial next to each statement in the space provided**):

- _____ 1. I understand that the EMS training program meets the Michigan Department of Community Health (MDCH) curricula requirements. Upon successful completion of this course I will be eligible to apply to take the National Registry exam. It is possible for me to pass the EMS training program and then fail the National Registry exam. MediRide EMS makes no guarantee that I will pass the National Registry Exam(s).
- _____ 2. To benefit from this training, the academy requires that you must be able to read, write and comprehend the English Language, do basic arithmetic problems, and possess a High School Diploma or General Equivalency Diploma.
- _____ 3. I agree that my completion of the EMS training program shall be contingent upon my meeting the requirements of the course of instruction which is set forth in the Course Syllabus and Academy Handbook, or as affirmed by MediRide EMS.
- _____ 4. I agree that I may be dismissed from MediRide EMS in accordance with the policies set forth in the Academy Handbook. Unexcused absences, excessive tardiness and lack of progress in training will also be grounds for dismissal.
- _____ 5. I understand that I must voluntarily submit to a drug or sobriety test anytime the academy requests me to do so while attending. If such tests are positive, I will be dismissed from MediRide EMS. I will hold MediRide EMS, its representatives and officials harmless as a result of any testing results by them and will abide by such test results and findings.
- _____ 6. I understand that it is not possible for MediRide EMS to guarantee employment. The academy assists Graduates by making their names and qualifications available to companies that upon request have contacted the academy. Should you seek employment in EMS, your driving records, and criminal record, if you have one, will be validated through the proper authorities.
- _____ 7. I understand that if I have a criminal record, I will need to investigate whether the National Registry will allow me to take the National Registry Examination. I also need to investigate whether the State of Michigan will grant me licensure. If you, the student, do not find out this information until after the tuition is paid, you will be responsible for the tuition.
- _____ 8. I understand the points mentioned in this agreement and the Academy Handbook are not all inclusive and may be added to or changed at the discretion of the Education Director or Chief Executive Officer of MediRide EMS, if such changes or additions are deemed necessary to improve the program.
- _____ 9. That upon the first day of class, I will have either paid the tuition or established the appropriate payment arrangements with the Education Director for said tuition. I understand that if I have not paid my tuition, or I am in default (late) on any payment plan through which my tuition is paid, at the end of the course my name will not be sent in to the State of Michigan for eligibility to take the National Registry exam. I understand that if I am more than 1 month behind on any payment plan, I will not be allowed to take any quizzes or tests until I am up to date on all tuition payments.
- _____ 10. That upon successful graduation from MediRide EMS, I will be granted the opportunity to attend, at no cost, other applicable EMS training programs at MediRide EMS, if space permits, and notification requirements are met.
- _____ 11. That this application / agreement shall become a part of my student record for the EMS training program and it is a binding agreement between myself and MediRide, Inc. EMS Academy.

Student Signature

Date

CLINICAL PROGRAM AGREEMENT

I understand that the clinical aspect of the program is an essential part of the EMS training. To successfully complete the course I must follow the rules described for clinical exposure and complete the prescribed hours.

I understand that while I am in the clinical environment I represent the EMS profession and MediRide EMS, as well as myself. I will conduct myself professionally at all times and follow the rules governing apparel and personal appearance. **Sign your initials next to each stated rule.**

- _____ 1. Haircuts / Hairstyles – Student’s hair must be neat, clean, and secured away from the face. Male student’s hair will be no longer than shoulder length.

- _____ 2. Hygiene – Students will practice good personal hygiene habits throughout the course.

- _____ 3. Facial Hair – Mustaches will be neat, clean, and kept off the upper lip. No other facial hair will be authorized. no beards, no goatees, no sideburns grown past the earlobe.

- _____ 4. Drugs & Alcohol – Students will not drink any alcohol for 12 hours prior to attending a clinical. The use of any illegal drugs is forbidden at any time during the course.

- _____ 5. Finger Nails – Nails will be short and clean. Clear nail polish is preferred. No brightly colored nail polish. Acrylic nails are prohibited.

- _____ 6. Jewelry – Earrings are NOT allowed to be worn during clinical experiences. No other visual piercing will be authorized. Nothing will be worn on the eyebrows, tongue, lip, cheek, nose or around the exterior aspect of the ear.

- _____ 7. Apparel – Students will wear the provided clinical uniform with the shirt appropriately tucked into the pants. Students will dress appropriately for the weather. During cold or rainy seasons the student will need to bring a warming layer (jacket) and/or a wind resistant/waterproof layer that is plain in design and color.

- _____ 8. Foot Wear – Students will wear brown or black boots to the ambulance clinicals. Students may wear boots or dark dress shoes at the Emergency Room/Hospital/Nursing Home clinicals. No tennis shoes, sandals or open toed dress shoes will be permitted.

- _____ 9. Identification Badge – Students will wear and have visible the MediRide EMS issued ID Badge at all times while on the clinical experience. ID Badges will be worn on the shirt collar, coat collar, or shirt pocket only.

Student Signature

Date

EMS STUDENT HOLD-HARMLESS, AGREEMENT FOR CLINICAL EXPOSURE

The undersigned, being 18 years of age or older, does hereby request permission of MediRide, Inc. EMS to participate in clinical exposures at any contracted clinical facilities. The purpose of this request would be solely for educational benefit. I hereby agree to abide by all clinical rules and regulations set forth by MediRide EMS and the respective places of business.

I fully realize and appreciate the basic nature of pre-hospital and emergency medical work. I am also fully aware of the possibility that situations will arise which might result in the danger of physical harm or injury, including but not limited to, motor vehicle accidents, assaults, blood and body fluid exposure, and needle pokes from syringes. I do, nevertheless, freely and voluntarily accept these risks. I further agree to keep confidential any information related to patient care that I may observe. I have read, do understand, and will abide by the rules governing clinical observers.

If I am injured or have a communicable disease exposure while attending a clinical with any of the contracted clinical sites, I will use my personal health insurance or self-pay all medical expenses associated with the injury or exposure.

Wherefore, in consideration of the above conditions and the granting of the above request, I hereby agree to hold MediRide EMS and all other agents and assigns thereof, harmless from any and all liabilities to me for personal injury or property damage as stated in the contractual agreement whether proximate or remote, sustained during the period of time that I am in the capacity of an EMS student.

Student Signature

Date

MINIMUM PHYSICAL STANDARDS CRITERA

In order to participate, you must meet the minimum physical standards required for the EMS profession. These physical standards **MUST BE VERIFIED BY YOUR PHYSICIAN, AT YOUR OWN EXPENSE**, to be considered for acceptance into the EMS training program. A report from your physician must accompany this application.

1. Must be able to stand, climb, balance, bend, kneel, crouch, or crawl for extended and or lengthy periods of time on rough or uneven surfaces and terrain.
2. Must be able to hear audible sounds.
3. Must have good motor skills (hand / eye coordination)
4. Must be able to withstand varied weather and environmental conditions including, but not limited to vigorous work in hot and or cold temperatures.
5. Must be able to grasp and hold objects for an extended or lengthy time period.
6. Must be able to frequently lift and carry objects weighing in excess of 125 lbs.

DOCUMENTATION CHECKLIST

The following information must be included with your application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

1. Clear copy of valid driver's license
2. Verification of HBV vaccination, Current Tetanus Vaccination, and TB Skin Test (within 1-year).
3. Completed Criminal Background Inquiry Release Form
4. Verification from YOUR physician of Minimum Physical Standards Criteria
5. Application Fee(s)

Submit Application to:

MediRide EMS Academy
Admissions Dept.
PO Box 987
925 W. Washington Street
Marquette, MI 49855